



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26825034
Outpatient Patient Service Revenue	\$74622256
Total Gross Patient Service Revenue	\$101447290

2. Deductions From Revenue

Contractual Allowance	\$61589842
Other Deductions	\$963341
Total Deductions	\$62553183

3. Total Operating Revenue

Net Patient Service Revenue	\$38894107
Other Operating Revenue	\$770416
Total Operating Revenue	\$39664523

4. Operating Expenses

Salaries and Wages	\$11123742	Employee Benefits	\$2586199
Depreciation and Amortization	\$1424313	Interest Expense	\$782999
Bad Debt	\$2523104	Other Expenses	\$19991174
Total Operating Expenses	\$38431531		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1232992	Total Assets	\$56141921
Net Non-operating Gains over Loss	\$587241	Total Liabilities	\$56141921

Total Net Gains	\$1820233
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$49432981	\$33942195	\$15490786
Medicaid	\$10839202	\$10111776	\$727426
Other Government	\$940722	\$627383	\$313339
Other State	\$0	\$0	\$0
Other Payers	\$40234385	\$17871828	\$22362557
Total	\$101447290	\$62553182	\$38894108

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$139259	\$-139259

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$71512	\$-71512
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	34

Statement Six: Charity Statement

Hospital Charity Charges	\$1820784
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$619140	
HCI Payments	\$0		
Subtotal	\$0	\$619140	\$-619140
Medicaid Shortfalls	\$2109660	\$4733272	
Subtotal	\$2109660	\$5352412	\$-3242752
DSH Payments	\$0		
Subtotal	\$2109660	\$5352412	\$-3242752
Medicare Shortfalls	\$14247756	\$14021020	
Other Government Programs	\$0	\$0	
Total	\$16357416	\$19373432	\$-3016016

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments